PUBLIC HEALTH DIVISION
Center for Health Protection, Drinking Water Services

Oregon Health Authority

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Data Mgmt & Compliance
Drinking Water Program

# 2018 ANNUAL SUMMARY REPORT (ASR)
# CROSS CONNECTION & BACKFLOW PREVENTION

Please fill out the Annual Summary Report accurately and completely with **data from 2018**. Keep a completed copy for your records.

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE REPORTS WILL DELAY PROCESSING.**

Return completed reports by **March 31, 2019**
Email: cross.connection@dhsoha.state.or.us, Fax: 971-673-0694
Mail: DWS-Cross Connection; 800 NE Oregon Street, Suite 640; Portland, OR 97293

1. **Water System Name:** Cascade View Estates **PWS ID# 41-** 01456

2. **What size is your water system?** ☒ Small (1-299 connections) ☐ Large (300+ connections)

3. **ASR Contact Information:** *(if there are questions about this report who should we contact?)*
   Name: Paul Wallsinger
   Address: 360 SW Avery Avenue
   City: Corvallis State: OR Zip: 97333
   Email: paul.wallsinger@co.benton.or.us Phone #: 541-766-3521

4. **Customer Base:** Who does your water system serve? Count each service connection only once, include connections with and without a backflow assembly.
   a. Do you have any residential connections in your water system? ☒ Yes ☐ No How many: 49
   b. Do you have any high hazard connections in your water system? ☐ Yes ☒ No How many: _____
   c. Do you have any other types of connections not listed above? ☐ Yes ☒ No How many: _____

Comments: _____

5. An **enabling authority** is required for all community water systems. The enabling authority allows for a water system to discontinue service for various reasons. A sample enabling authority is available for small water systems on our website: www.healthoregon.org/crossconnection. If you have not submitted an enabling authority to the State, please complete one and submit it as soon as possible.

6. **Does your water system have an enabling authority?** ☒ Yes ☐ No (see note above)
7. **Was your enabling authority revised within the last year?**
   ☐ Yes, email a copy to the cross connection program cross.connection@dhsoha.state.or.us ☒ No

**QUESTIONS 8 - 10** are for **LARGE SYSTEMS ONLY** (Large = 300+ Service Connections) and are specific to the required **written backflow prevention program plan** outlined in OAR 333-061-0070(9)(b)

8. **Certified Cross Connection Specialist Information:**
   ☐ Water system Employee ☐ Contracted service
   Name: _____ Cert #: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Email Address: _____
   Phone #: _____ Alt Phone #: _____

9. **Does your water system have a current written backflow prevention program plan?** ☐ Yes ☐ No

10. **Does the backflow prevention plan include the following:**
    a. A list of premises where health hazard cross connections exist, including, but not limited to, those listed in Table 42. ☐ Yes ☐ No

    b. Procedure for continually evaluating the degree of hazard posed by a water user's premises. ☐ Yes ☐ No

    c. Procedure for notifying the water user if a non-health hazard or health hazard is identified, and for informing the water user of any corrective action required. ☐ Yes ☐ No

    d. The type of protection required to prevent backflow into the public water supply, commensurate with the degree of hazard that exists on the water user's premises. ☐ Yes ☐ No

    e. A description of what corrective actions will be taken if a water user fails to comply with the water suppliers cross connection control requirements. ☐ Yes ☐ No

    f. Current records of approved backflow prevention assemblies installed: ☐ Yes ☐ No
       i. inspections completed, ☐ Yes ☐ No
       ii. backflow prevention assembly test results on backflow prevention assemblies, ☐ Yes ☐ No
       iii. verification of current backflow assembly tester certification ☐ Yes ☐ No

    g. A public education program about cross connection control. ☐ Yes ☐ No

11. **Are there any backflow assemblies or devices installed in your water system?** ■ Yes ☐ No

12. Do you have any **Reduced Pressure Backflow Prevention Assemblies** (RP, RPBA, & RPDA) installed in your water system? ☐ Yes ■ No *(if you answered yes, answer the questions below)*
    a. How many assemblies are installed in your water system? _____
    b. How many assemblies were tested? _____
    c. How many assemblies passed their annual test? _____
    d. How many assemblies failed their annual test? _____

    Comments: _____

13. Do you have any **Double Check Backflow Prevention Assemblies** (DC, DCVA, & DCDA) installed in your water system? ■ Yes ☐ No *(if you answered yes, answer the questions below)*

a. How many assemblies are installed in your water system? 17

b. How many assemblies were tested? 6

c. How many assemblies passed their annual test? 6

d. How many assemblies failed their annual test? 0

e. Comments: _____

14. Do you have any **Pressure Vacuum Breaker Assemblies** (PVB, PVBA, & SVBA) installed in your water system?

☐ Yes ■ No *(if you answered yes, answer the questions below)*

a. How many assemblies are installed in your water system? _____

b. How many assemblies were tested? _____

c. How many assemblies passed their annual test? _____

d. How many assemblies failed their annual test? _____

e. Comments: _____

15. Do you track any **Atmospheric Vacuum Breakers (AVB)** installed in your water system? ☐ Yes ■ No

I certify the information provided is true to the best of my knowledge. Providing false information may result in penalties to the individual and to the water system.

**Printed Name:** Jon Tompkins **Title:** Operator

**Signature:** Jon Tompkins **Date:** 12-12-19

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